Attorney's Docket No. DI-5954 (BXTD 9004.6)

DECLARATION AND POWER OF ATTORNEY

REGULAR OR DESIGN APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STABILIZATION OF PHARMACEUTICAL PROTEIN FORMULATIONS WITH SMALL PEPTIDES

the specification of which:

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[X]	is attached hereto was filed on as	Application Serial No.
	and was amended	on
ſ 1	was described and claimed in	PCT International Application
	No. , filed on	and as amended
	under PCT Article 19 on	, if any.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a) - (d) or §365(b) of any foreign application for patent or inventor's certificate, or §365(a) of any PCT application which designates at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

	Priority	Claimed
(Number)	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)
	Priority N	ot Claimed
A FILING DATE EXPRIORITY IS CLAS		(Day/Month/Year Filed)
CLAIM I	FOR BENEFIT OF PRO	OVISIONAL APPLICATION(S)
		Title 35, United States Code, visional application(s) listed
(Application	n Number)	(Filing Date)
(Application	n Number)	(Filing Date)

CLAIM FOR BENEFIT OF EARLIER U.S. APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Serial No.)	(Filing Date)	(Status)
(Serial No.)	(Filing Date)	(Status)

POWER OF ATTORNEY

I hereby appoint the following attorneys/agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Joseph P. Reagen (35,332) and Paula J.F. Kelly (37,624) of Baxter Healthcare Corporation, and Kathleen M. Petrillo (35,076), John K. Roedel, Jr. (25,914), Michael E. Godar (28,416), Edward J. Hejlek (31,525), Paul I. J. Fleischut (35,513), Vincent M. Keil (36,838), Derick E. Allen (43,468), Anthony R. Kinney (44,834), Kate J. Doty (40,593) and Timothy B. McBride (47,781) of Senniger, Powers, Leavitt & Roedel.

Send Correspondence To:	Direct Telephone Calls To:	
Customer Number: 000321	Kathleen M. Petrillo (314) 231-5400	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full name of sole or first inventor Fabian Somers _____ Inventor's signature _____ Date _____ Residence Neupre, Belgium Citizenship Belgium Post Office address Chemin des Coquelicots, 3 B-4120 Neupre, Belgium Second inventor's signature ______ Date _____ Residence <u>Assenede, Belgium</u> Citizenship <u>Belgium</u> Post Office address Gravenstraat, 1 B-9968 Assenede, Belgium